

SUP 2019-00017



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ **Change of Ownership** ☐ **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 1767 King Street, Alexandria, VA (parcel address: 1747 King Street)
TAX MAP REFERENCE: 063.04.06 **ZONE:** KR/King Street Urban Retail

APPLICANT

Name: Ashford TRS Alexandria LLC
Address: 14185 Dallas Parkway, Suite 1100, Dallas, TX 75254

PROPERTY OWNER

Name: Ashford Alexandria LP
Address: 14185 Dallas Parkway, Suite 1100, Dallas, TX 75254

SITE USE: Restaurant

Business Name: **Current:** Starbucks **Proposed (if changing):**

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Thomas A. Lisk, Legal Counsel
Print Name of Applicant or Agent
1021 E. Cary St, Suite 1420
Mailing/Street Address
Richmond, VA 23219
City and State Zip Code

Signature
804-762-6921
Telephone # Fax #
tlisk@cozen.com
Email address
February 25, 2019
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____ Fee Paid: \$ _____
Legal advertisement: _____
ACTION - PLANNING COMMISSION _____ ACTION - CITY COUNCIL: _____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2018-0075

Date approved: 07 / 26 / 2018
 month day year

Name of applicant on most recent special use permit Ashford Alexandria LP

Use restaurant

2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Coffee shop under the trade name of Starbucks, offering a range of hot and cold beverages
and light fare. Dine-in and carry out services from 6 am to 6 pm daily and does not offer
delivery, live entertainment, or the sale of alcohol. The restaurant will maintain the use of
eight indoor and four outdoor seats for patrons.

2018-0075

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

No operational changes are proposed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed.

____ / ____ / ____
month day year

5. Describe any proposed changes to the conditions of the special use permit:
no operational changes are proposed

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. Will there be any renovations or new equipment for the business? ____ Yes X No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. Are you proposing changes in the sales or service of alcoholic beverages? ____ Yes X No

If yes, describe proposed changes:

- 10. Is off-street parking provided for your employees?** ☐ Yes ☒ No
If yes, how many spaces, and where are they located?

- 11. Is off-street parking provided for your customers?** ☐ Yes ☒ No
If yes, how many spaces, and where are they located?

- 12. Is there a proposed increase in the number of seats or patrons served?** ☐ Yes ☒ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

- 13. Are physical changes to the structure or interior space requested?** ☐ Yes ☒ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

- 14. Is there a proposed increase in the building area devoted to the business?** ☐ Yes ☒ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

- 15. The applicant is the** (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

- 16. The applicant is the** (check one) ☐ Current business owner ☐ Prospective business owner
☒ other, please describe: Current operator, making change for accounting purposes

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

The Applicant is Ashford TRS Alexandria LLC, which is wholly-owned by Ashford TRS Corporation, which, in turn, is wholly owned by Ashford Hospitality Limited Partnership. Ashford Hospitality Limited Partnership has a General Partner, Ashford OP General Partner LLC (0.0%), and a Limited Partner, Ashford OP Limited Partner LLC (85.0%). The remaining 15% limited partnership interest in Ashford Hospitality Limited Partnership is held by holders of OP Units convertible to publicly traded common stock. Finally, both Ashford OP General Partner LLC and Ashford OP Limited Partner LLC are wholly-owned by Ashford Hospitality Trust, Inc., a publicly traded corporation. The business address for all of the aforementioned business entities is: 14185 Dallas Parkway, Suite 1100, Dallas, TX 75254.
